

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2001 - 1 - 6

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(i)(XVII)  
Section 1902(a)(10)(A)(i)(XVIII)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 304,360  
b. FFY 2002 \$ 1,217,440

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 2.2-A Page 23b-2  
Att. 2.2-A Page 23b-3  
Att. 2.2-A Page 23c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

New  
New  
Att. 2.2-A Page 23c

10. SUBJECT OF AMENDMENT: This State Plan Amendment implements new eligibility coverage groups mandated by HB 881 for coverage of foster children who are in foster care at age 18 (coverage is provided to age 21 without regard to income or resources) and coverage of ~~WOMEN~~ women with breast and cervical cancer diagnosed by the Centers for Disease Control and the Prevention of

11. GOVERNOR'S REVIEW (Check One): Breast & Cervical Cancer Early Detection Program.

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

June 27, 2001

16. RETURN TO:

Rica Lewis-Payton, Executive Director  
Division of Medicaid  
Attn: Rose Compere  
239 North Lamar Street, Suite 801  
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 29, 2001

18. DATE APPROVED:

August 15, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. TYPED NAME:

Eugene A. Grasser

21. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

None



REGION IV - ATLANTA  
Health Care Financing Administration

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Memorandum

**Date:** August 14, 2001  
**From:** Associate Regional Administrator, CMS, DMSO, Region IV, Atlanta, GA  
**Subject:** Mississippi Title XIX State Plan Amendment, Transmittal #01-16  
**To:** Elliott Weisman, CMS, CMSO, Baltimore, MD

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A copy of the subject plan amendment is forwarded for your information.

The effective date of this amendment is July 1, 2001.

  
Eugene A. Grasser

Attachments

Revision: HCFA-PM-91-4 (BPD)  
1991

ATTACHMENT 2.2-A  
Page 23b-2  
OMB NO: 0938-

STATE: Mississippi

Citation

Groups Covered

1902(a)(10)(A)  
(ii)(XVIII) of  
the Act

B. Optional Coverage Groups Other Than the  
Medically Needy (Continued)

X 22. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Center Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and,
- d. have not attained age 65.

TN No. 2001-16

Supersedes

TN No. New

Approval Date: AUG 14 2001

Date Received: JUN 29 2001

Effective Date: 07-01-01

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
1991

ATTACHMENT 2.2-A  
Page 23b-3  
OMB NO: 0938-

STATE: Mississippi

Citation

Groups Covered

1920A (b) of the Act

X 23. Women who are determined by a  
“qualified entity” (as defined in 1920A  
(b)) based on preliminary information, to  
be a woman described in 1902  
(a)(10)(A)(ii)(XVIII) of the Act related to  
certain breast and cervical patients.

The presumptive period begins on the  
first day of the month that the  
determination is made. The period ends  
on the date that the State makes a  
determination with respect to the  
woman’s eligibility for Medicaid, or if the  
woman does not apply for Medicaid (or a  
Medicaid application was not made on  
her behalf) by the last day of the month  
following the month in which the  
determination of presumptive eligibility  
was made, the presumptive period ends  
on that last day.

TN No. 2001-16

Approval Date AUG 14 2001

Effective Date: 07-01-01

Supersedes

TN No. New

Date Received: JUN 29 2001

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
1991

ATTACHMENT 2.2-A  
Page 23c  
OMB NO: 0938-

STATE: Mississippi

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Citation

Groups Covered

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1902(a)(10)(A)  
(ii)(XIII) of  
the Act

B. Optional Coverage Groups Other Than the  
Medically Needy (Continued)

- X 24. Disabled individuals whose net family income is below 250 per cent of the Federal Poverty Level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

(Previously approved 03/22/00 in TN No. 99-15 effective 07/01/99.)

1902(a)(10)(A)  
(ii)(XVII) of  
the Act

- X 25. Independent foster care adolescents who are in foster care under the responsibility of the Department of Human Services on their 18<sup>th</sup> birthday. Medicaid eligibility continues until age 21 without regard to income or resources.

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TN No. 2001-16  
Supersedes  
TN No. 99-15

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